

## STATE OF NEVADA INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)

### INFORMATION

STUDENT/PARENT INFORMATION	ELIGIBILITY CATEGORY	MEETING INFORMATION
Student _____ Sex _____	<input type="checkbox"/> Autism	DATE OF MEETING _____
Birthdate _____ Grade _____ Student ID # _____	<input type="checkbox"/> Deaf/Blind	DATE OF LAST IEP MEETING _____
Student Primary Language _____	<input type="checkbox"/> Developmental Delay	PURPOSE OF MEETING
Student English Proficiency Code (optional) _____	<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Interim IEP
Address _____	<input type="checkbox"/> Health Impairment	<input type="checkbox"/> Initial IEP
Student Phone _____	<input type="checkbox"/> Hearing Impairment/Deaf	<input type="checkbox"/> Annual IEP
Parent/Guardian/Surrogate _____	<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> IEP Following 3-Yr Reevaluation
Parent Phone (Home) _____ (Work) _____	<input type="checkbox"/> Multiple Impairment	<input type="checkbox"/> Revision To IEP Dated _____
Primary Language Spoken at Home _____	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Exit/Graduation
Interpreter or Other Accommodations Needed _____	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Other _____
Emergency Contact/Phone Number _____	<input type="checkbox"/> Speech/Language Impairment	IEP SERVICES WILL BEGIN _____
Current School _____ Zoned School _____	<input type="checkbox"/> Traumatic Brain Injury	ANTICIPATED DURATION OF SERVICES _____
	<input type="checkbox"/> Visual Impairment/Blind	IEP REVIEW DATE _____
	ELIGIBILITY DATE _____	COMMENTS _____
	ANTICIPATED 3-YR REEVALUATION _____	_____

### IEP PARTICIPATION

Parent/Guardian/Surrogate* _____	Speech/Language Therapist/Pathologist/Specialist _____
Student** _____	School Nurse _____
LEA Representative* _____	Interpreter _____
Special Education Teacher* _____	Other (name and role) _____
Regular Education Teacher*** _____	Other (name and role) _____
School Psychologist _____	Other (name and role) _____
*Required participant. ** Student must be invited when transition is discussed (beginning at age 14 or younger if appropriate). ***The IEP team must include at least one regular education teacher of the student (if the student is, or may be, participating in the regular education environment).	

### PROCEDURAL SAFEGUARDS

<input type="checkbox"/> I have received a statement of my rights under the Individuals with Disabilities Education Act (IDEA) and these rights have been explained to me in my primary language.
Parent Signature _____
AT LEAST ONE YEAR PRIOR TO REACHING AGE 18, STUDENTS MUST BE INFORMED OF THEIR RIGHTS UNDER IDEA AND ADVISED THAT THESE RIGHTS WILL TRANSFER TO THEM AT AGE 18. <input type="checkbox"/> Not applicable. Student will not be 18 within one year. <input type="checkbox"/> The student has been informed of his/her rights under IDEA and advised of the transfer of these rights at age 18.

DATE \_\_\_\_\_

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**PRESENT LEVELS OF PERFORMANCE**

May include the following areas: academic achievement, language/communication skills, social/emotional/behavior skills, cognitive abilities, health, motor skills, adaptive skills, pre-vocational skills, vocational skills, and other skills as appropriate.

ASSESSMENTS CONDUCTED	ASSESSMENT RESULTS	EFFECT ON STUDENT'S INVOLVEMENT AND PROGRESS IN GENERAL CURRICULUM OR, FOR EARLY CHILDHOOD STUDENTS, INVOLVEMENT IN DEVELOPMENTAL ACTIVITIES

**STRENGTHS, CONCERNS, INTERESTS AND PREFERENCES****STATEMENT OF STUDENT STRENGTHS****STATEMENT OF PARENT EDUCATIONAL CONCERNS****STATEMENT OF STUDENT'S PREFERENCES AND INTERESTS** *(required if transition services will be discussed, beginning at age 14 or younger if appropriate)*

***If student was not in attendance, describe the steps taken to ensure that the student's preferences and interests were considered:***

**CONSIDERATION OF SPECIAL FACTORS**

- |    |  |  |   |
|----|--|--|---|
| 1. | Does the student's behavior impede the student's learning or the learning of others?<br>If YES, team must consider and develop strategies, including positive behavioral interventions, strategies, and supports to address that behavior. | <input type="checkbox"/> No action needed. | <input type="checkbox"/> Yes, addressed in IEP. |
| 2. | Does the student have limited English proficiency?<br>If YES, team must consider language needs of the student as those needs relate to the student's IEP.   | <input type="checkbox"/> No action needed. | <input type="checkbox"/> Yes, addressed in IEP. |
| 3. | Is the student blind or visually impaired?<br>If YES, team must evaluate reading and writing needs and provide for instruction in Braille unless determined not appropriate for the student.   | <input type="checkbox"/> No action needed. | <input type="checkbox"/> Yes, addressed in IEP. |
| 4. | Is the student deaf or hard of hearing?<br>If YES, team must consider communication needs.   | <input type="checkbox"/> No action needed. | <input type="checkbox"/> Yes, addressed in IEP. |
| 5. | Does the student require assistive technology devices and services?<br>If YES, team must determine nature and extent of devices and services.  | <input type="checkbox"/> No action needed. | <input type="checkbox"/> Yes, addressed in IEP. |

**TRANSITION****DIPLOMA OPTION SELECTED FOR GRADUATION**

(Diploma option must be declared at age 14 and reviewed annually.)

☐ Standard or Advanced High School Diploma. Must complete all applicable credit requirements and pass the High School Proficiency Examination (with permissible accommodations as needed).☐ Adjusted High School Diploma. Must complete IEP requirements.**STUDENT'S VISION FOR THE FUTURE****STATEMENT OF TRANSITION SERVICE NEEDS: COURSE OF STUDY**

Beginning at age 14 or younger if determined appropriate by the IEP team, describe the focus of the student's course of study.

**STATEMENT OF DESIRED POST-SCHOOL OUTCOMES**

Beginning at age 16 or younger if determined appropriate by the IEP team, describe desired post-school outcomes in the following areas.

- ☐ Postsecondary Education
- ☐ Vocational Training
- ☐ Integrated Employment (including supported employment)
- ☐ Continuing and Adult Education
- ☐ Adult Services
- ☐ Independent Living
- ☐ Community Participation
- ☐ Other

**TRANSITION (continued)****STATEMENT OF NEEDED TRANSITION SERVICES: COORDINATED ACTIVITIES**

Beginning at age 16 or younger if determined appropriate by the IEP team, develop a statement of needed transition services, including strategies or activities, for the student.

TRANSITION STRATEGIES OR ACTIVITIES	INTERAGENCY RESPONSIBILITIES OR ANY NEEDED LINKAGES
<b>Instruction</b>	
<b>Related Services</b>	
<b>Community Experiences</b>	
<b>Employment and Other Post-School Adult Living Objectives</b>	
<b>Acquisition of Daily Living Skills and Functional Vocational Evaluation (if appropriate)</b>	
<b>Other</b>	

**IEP GOALS AND BENCHMARKS OR SHORT-TERM OBJECTIVES**

<b>MEASURABLE ANNUAL GOAL</b> (including how progress toward the annual goal will be measured)	<b>PROGRESS REPORT</b> 1. Anticipate meeting goal (continue) 2. Do not anticipate meeting goal (need to review/revise) 3. Goal met (note date)								
<input type="checkbox"/> Check here if this goal or any benchmark/short-term objective is a transition activity/strategy, and note the benchmark/objective # _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Date</th> <th style="width: 25%;">Date</th> <th style="width: 25%;">Date</th> <th style="width: 25%;">Date</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Date	Date	Date	Date				
Date	Date	Date	Date						

**BENCHMARK OR SHORT-TERM OBJECTIVE**

# \_\_\_\_\_

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**BENCHMARK OR SHORT-TERM OBJECTIVE**

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**METHOD FOR REPORTING PROGRESS****METHOD FOR REPORTING THE EXTENT AND ADEQUACY OF THE STUDENT'S PROGRESS TOWARD****PROJECTED FREQUENCY OF REPORTS**

DATE \_\_\_\_\_

PAGE \_\_ OF \_\_

**MEETING ANNUAL GOALS** (check all methods that will be used)☐ IEP Goals Pages☐ District Report Card☐ Specialized Progress Report☐ Parent Conferences☐ Other \_\_\_\_\_☐ Quarterly☐ Semester☐ Trimester☐ Other \_\_\_\_\_**SPECIAL EDUCATION SERVICES**

<b>SPECIALLY DESIGNED INSTRUCTION</b>	<b>BEGINNING AND ENDING DATES</b>	<b>FREQUENCY OF SERVICES</b>	<b>LOCATION OF SERVICES</b>

**SUPPLEMENTARY AIDS AND SERVICES**

Includes aids, services, and other supports provided in regular education classes or other education-related settings to enable participation with nondisabled students.

<b>MODIFICATION, ACCOMMODATION, OR SUPPORT FOR STUDENT OR PERSONNEL</b> Describe below, or select from supplemental "Modifications, Accommodations, and Supports" (and list number below).	<b>BEGINNING AND ENDING DATES</b>	<b>FREQUENCY OF SERVICES</b>	<b>LOCATION OF SERVICES</b>

**RELATED SERVICES**

<b>RELATED SERVICE</b>	<b>SERVICE TYPE AND/OR DESCRIPTION</b> <i>A - Assessment</i> <i>C - Consultative</i> <i>D - Direct</i>	<b>BEGINNING AND ENDING DATES</b>	<b>FREQUENCY OF SERVICES</b>	<b>LOCATION OF SERVICES</b>
<input type="checkbox"/> Speech/Language				
<input type="checkbox"/> Physical Therapy				
<input type="checkbox"/> Occupational Therapy				
<input type="checkbox"/> Transportation				
<input type="checkbox"/> Counseling				
<input type="checkbox"/> Psychological Services				
<input type="checkbox"/> Orientation and Mobility				
<input type="checkbox"/> Audiology				
<input type="checkbox"/> School Health Services				
<input type="checkbox"/> Medical Services for Diagnostic or Evaluation Purposes				
<input type="checkbox"/> Recreation Therapy				
<input type="checkbox"/> Parent Counseling and Training				
<input type="checkbox"/> Other _____				
<input type="checkbox"/> Other _____				

**PARTICIPATION IN STATEWIDE AND/OR DISTRICT-WIDE ASSESSMENTS**

<b>Indicate whether the student will participate in statewide or district-wide assessments.</b>	<b>If NO, explain why the assessment is not appropriate and describe how student will be assessed.</b>	<b>If YES, does the student require accommodations?</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <b>TerraNova</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination" (attach form).
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <b>High School Proficiency</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination" (attach form).
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <b>4th or 8th Grade Writing Proficiency</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination" (attach form).
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <b>Criterion Referenced Specify:</b> _____		<input type="checkbox"/> No <input type="checkbox"/> Yes List accommodations:
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <b>Other</b> _____		<input type="checkbox"/> No <input type="checkbox"/> Yes List accommodations:

**EXTENDED SCHOOL YEAR SERVICES**

Does the student require extended school year services?



DATE \_\_\_\_\_

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☐ No ☐ Yes If YES, IEP goals and benchmarks/short-term objectives and/or related services to be implemented in ESY must be identified.  
If need for ESY is to be determined at a later date, indicate date by which IEP decision will be made: \_\_\_\_\_

**PLACEMENT**

PLACEMENT CONSIDERATIONS		PERCENTAGE OF TIME IN REGULAR EDUCATION ENVIRONMENT
<input type="checkbox"/> <b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	The student will spend _____ % of his or her school day in the regular education environment.
<input type="checkbox"/> <b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/> <b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/> <b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/> <b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/> <b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/> <b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/> <b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
Regular class with supplementary aids and services Regular class and special education class (e.g., resource) combination Self-contained program Special school Residential Hospital Home Other _____		
<b>JUSTIFICATION FOR PLACEMENT INVOLVING REMOVAL FROM REGULAR EDUCATION ENVIRONMENTS*</b> Explain why the IEP goals and objectives cannot be implemented in regular education environments, including the reasons why the team rejected a less restrictive placement. Include an explanation of any harmful effects on the learning of this or other students which affected the placement selection.		
*Regular education environments include academic classes (which might include field trips linked to the curriculum), nonacademic settings (such as recess), and extra-curricular activities (for example, sports, after-school clubs, band, etc.).		

**IEP IMPLEMENTATION**

☐ As the parent, I agree with the components of this IEP. I understand that its provisions will be implemented as soon as possible after the IEP goes into effect.

☐ As the parent, I disagree with all or part of this IEP. I understand that the school district must provide me with written notice of any intent to implement this IEP. If I wish to prevent the implementation of this IEP, I must submit a written request for a due process hearing to the local school district superintendent.

Parent Signature \_\_\_\_\_

**DATA ELEMENTS****FEDERAL STUDENT ETHNICITY CODE (CHECK ONE)**

- ☐ American Indian or Alaska Native
- ☐ Asian or Pacific Islander
- ☐ Black or African American (not Hispanic)
- ☐ Hispanic or Latino
- ☐ White (not Hispanic)

**FEDERAL PLACEMENT CODE (CHECK ONE)****Students ages 6-21:**

- ☐ **A** 80-100% in Reg. Ed.
- ☐ **B** 40-79% in Reg. Ed.
- ☐ **C** 0-39% in Reg. Ed.
- ☐ **D** Public Separate School
- ☐ **E** Private Separate School
- ☐ **F** Public Residential
- ☐ **G** Private Residential
- ☐ **H** Homebound/Hospital

**Students ages 3-5:**

- ☐ **I** Early Childhood (EC) Setting
- ☐ **J** Early Child. Special Ed. (ECSE)
- ☐ **K** Home
- ☐ **L** EC + ECSE
- ☐ **M** Public or Private Residential
- ☐ **N** Separate School
- ☐ **O** Itinerant Service Outside Home
- ☐ **P** Reverse Mainstreaming

**Also check if in:**

- ☐ **P** Private School
- ☐ **C** Correctional Facility